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APPLICATION NO.	FILING DATE	3	FIRST NAMED INVENTOR	1	ATTORN	EY DOCKET NO.	CONFIRMATION NO.		
10/590,555 08/27/2009 Axel Kochale PD040028 8586									
TITLE OF INVENTION	N: ARRANGEMENT FO	R ADAPTIVE BIT REC	OVERY						
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Patricia M. Fedorowycz. (Depolior name)

Main M. Mary (Signamo)

November 4, 2011 (Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/590,555 08/27/2009 Axel Kochale PD040028 8586

TITLE OF INVENTION: ARRANGEMENT FOR ADAPTIVE BIT RECOVERY

APPLN. TYPE	SMALL ENTITY	issué feé due	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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CPR 1.303). Change of correst Address form PTO/S Days inc PTO/SB/47; Rev 03-Number is required. ASSIGNEE NAME A	IND RESIDENCE DATA less an assignee is identi th in 37 CFR 3.11. Comp	nge of Correspondence Indication form d. Use of a Customer TO BE PRINTED ON The delay of this form is NOT	2. For printing on the printing on the part of the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be part of the PATENT (pript or type data will appear on the part a substitute for filing an a (B) RESIDENCE: (CITY	3 registered patent attorn ely, 5 firm (having as a member gent) and the names of up neys or agents. If no name or nuted. e). tent. If an assignee is ideasignment.	ers 2 ROBERT E	LEVY
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